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maintenance fee notification	ons.		(-, -,,,		(-,		
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23589	7590 10/09	/2007	114	ve its own certificati	c or maning	or transmission.	
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							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/600,309			Kenneth Klabunde		33985		6076
TITLE OF INVENTION: METHOD OF SORBING SULFUR COMPOUNDS USING NANOCRYSTALLINE MESOPOROUS METAL OXIDES							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0		\$1020	01/09/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	}			
NGUYEN, CAM N		1793	502-400000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 			2. For printing on the patent front page, list (1) the pages of up to 3 projectoral action at large I Hovey Williams LLP				
Change of correspon Address form PTO/SB/J	dence address (or Cha	or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered atterney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is fisted, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTR Manhattan, Kansas							
Manhattan, Kansas NanoScale Corporation							
Please check the appropriate assignce category or categories (will not be printed on the patent): 🗀 Individual 🖰 Corporation or other private group entity 🚨 Government							
4a. The following fec(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee	A check is enclosed.						
Publication Fee (No small entity discount permitted)				redit card. Form PTO-2038 is attached.			
Advance Order - # o	f Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0522 (enclose an extra copy of this form).					
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☐ a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).							
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Authorized Signature Date 12/28/07							
Typed or printed name	Greg Skoch	48,267 Registration No.					
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